

P. O. Box 1360  
Frankfort, KY 40602  
(502) 564-3296  
<http://finance.ky.gov/bslp>

<b>FOR OFFICE USE ONLY</b>	
<b>SS#:</b> «SSN»	
<b>Date:</b> _____	
<b>Amount:</b> \$ _____	

(Please Check Appropriate Box)  
☐ Speech-Language Pathology  
☐ Audiology

KRS 334A.170 requires each licensed speech-language pathologist and audiologist to biennially renew his or her license on or before January 31st. Your current license will expire **January 31, 2009**. Failure to renew your license shall constitute sufficient cause for termination of licensure. **Licenses not renewed by March 2, 2009 (includes 30 day grace period) will terminate and you are hereby advised at such time you must CEASE AND DESIST the practice of speech-language pathology and/or audiology in Kentucky.**

**PLEASE FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:**

- Complete this form by filling in the information requested below. Incomplete forms will be returned.
- Attach the appropriate renewal fee: Forms received without the appropriate fee will be returned. *Make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH.*
  - Renewals mailed on or before January 30; (must be postmarked on or before Jan. 31): Active -\$100.00; Inactive - \$20.00; Dual - \$200.00
  - Renewals mailed January 31- March 2 - (must be postmarked on or before March 2): Active -\$150.00; Inactive - \$20.00; Dual - \$300.00
- Complete the backside of this renewal application for continuing education credit. Each speech-language pathologist and audiologist must list fifteen (15) hours of continuing education obtained during the period of January 1 to December 31. Dual licensees must list twenty-five (25) hours of continuing education. The board will require documentation of obtained continuing education hours if you are audited. DO NOT attach documentation of continuing education unless you are requested to do so. **We cannot accept hours that have not been earned. You must wait to file your renewal until after all requirements are met.**
- Return this form with your check or money order to the address listed above on or before January 31, 2008. **Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.**

**TO BE COMPLETED BY ALL LICENSEES, Incomplete forms will be returned: (Please Print)**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ License #: SLP \_\_\_\_\_ AUD \_\_\_\_\_

Home Address:

Street or Box number	City	State	Zip Code	County
----------------------	------	-------	----------	--------

Present Business Address:

Name of Company	Street or Box number	City	State	Zip Code
-----------------	----------------------	------	-------	----------

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you been charged with, convicted of or pled guilty to a felony since your last renewal of Kentucky license?

☐ Yes (Attach documentation)

☐ No

Have you had disciplinary action taken against you or pending against your speech-language pathology or audiology license in any other state or jurisdiction since your last renewal?

☐ Yes (Attach documentation including a certified copy of the final disciplinary action taken against you.)

☐ No

**The backside of this application MUST be completed. Incomplete applications WILL be returned.**

Regardless of whether you are an odd-numbered licensee or even numbered licensee for the renewal period ending January 31, 2009, each licensee shall obtain a minimum of fifteen (15) hours of continuing education each year. All hours shall be in or related to the field in which you are licensed. A limit of two (2) hours of related areas each year is acceptable. Individuals who hold a license in both speech-language pathology and audiology will be required to complete a minimum of twenty-five (25) hours of continuing education each year in both areas of licensure. Each speech-language pathologist and audiologist is responsible for securing documentation to support proof of attendance.

**List below the hours of continuing education obtained, INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned. (DO NOT attach documentation unless you are audited. It is your responsibility to maintain all documentation.) If using hours carried over from the previous renewal year, you must list the course name, date and number of hours being carried over.**

Course Name (Required)	Date(s) M/D/Y (Required)	15 Hours Earned (Required)

Total CE hours earned January 1 to December 31 = \_\_\_\_\_

Total CE hours earned during current renewal and grace period (January 1 to March 2) = \_\_\_\_\_

Total CE hours earned over from January 1 to December 31 of the previous renewal year (maximum of five hours) \_\_\_\_\_

**Please mark the appropriate box:**

☐ Requesting to return to an active status from an inactive status. (Fee required. Continuing Education must be listed above.)

☐ Remaining on active status. (Fee required. Continuing education must be listed above.)

☐ First year licensee. (Fee required. No Continuing Education required.) Date of initial license: \_\_\_\_\_

☐ Currently on an inactive status. (Fee required. No Continuing Education required.)

☐ Requesting an inactive status. (Fee required. No Continuing Education hours required.)

☐ Requesting termination. (No fee required. No Continuing Education required.)

**I hereby certify that all information provided by me on this form is true and complete to the best of my knowledge.**

(Signature is required. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are interested in paying your renewal fee electronically, please follow the instructions listed on the Kentucky Board of Speech-Language Pathology and Audiology web site.

**<http://finance.ky.gov/bslp>**